

STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BOARD OF REVIEW

NOTICE OF APPEAL

Name of Appellant (Claimant) or (Employer) _____

Claimant's SS# _____

Claimant's Address _____

Date Appeal Filed _____

Docket # _____

Attachments: ☐ Letter of Appeal

☐ Other

Instructions for Appeal: In the space below (Use the reverse side of this form, if necessary), give the reasons why you disagree with the referee's decision. If applicable, explain why your appeal to the Board of Review is being filed late. Also, if applicable, explain why you did not attend the referee's hearing.

Appellant Signature _____

Date _____

IDES Representative Signature _____

L.O. # _____

Date: _____

Important Note: In accordance with IDES Administrative Rule 2720.315(b), if you include **any** information on this form which you want the Board to consider, you **must** explain why, for reasons not your fault and outside your control, you were unable to introduce this information at the hearing, and you must certify, by signing this form, that you have served a copy on the opposing party, **and** you **must** describe in writing how you served it (i.e., in person, certified mail, etc.). These requirements also apply to any other document or other evidence that you submit to the Board for their consideration. For information on additional requirements that must be met, see the IDES publication, "APPEALING TO THE BOARD OF REVIEW," available on-line or at any local IDES office. You **must** mail or hand-deliver a copy of your appeal to the opposing side. If you submit additional evidence, you **must** certify that you mailed it to the opposing side and you must explain why, for reasons not your fault and outside your control, you were unable to introduce this evidence at the hearing.

I, _____, hereby certify, that I served a copy of this document on _____ at
(print name)

_____ on _____ by { } certified mail or { } delivery in person.
(address) (date)

(Signature and date)